

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/649301</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.2em; font-family: cursive;">10-18-04</div>							CLAIMS						
	<del>AS FILED</del>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1					51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		1					75						
26		5					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		/					87						
38		/					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		/					99						
50		/					100						
TOTAL IND.	1	0		0		0	TOTAL IND.		0		0		0
TOTAL DEP.	60	0		0		0	TOTAL DEP.		0		0		0
TOTAL CLAIMS	61						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-74)

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